PTO/SB/08 (08-03)

P	ATENT APP	LICATI	ON FEE O	e requires to reco	and to a collectio	n of tritormation	t Office; (LS. DEPARTME	OMB control number
 	·	Sub	Stitute for For	m PTO-875	TION RECO	RD	Ap	FIFT OF POS	Let Number
	CLAIMS	AS FILE	D - PART I					01041	1710
(Column				(Column 2)	SM	SMALL ENTITY		OT SM	THER THAN WLL ENTITY
BASIC FEE D7 CFR 1.18(a))	- NT	AGER FILE	5O .	NUMBER EXTRA	RAT	E FEE			
TOTAL CLASS		<u>~</u>			Busi	37	5	RATE	FEE
POEPENDENT CL	AUMS -	<u> 23 mbus</u>	20 = -	9	1 2 9	97	H "		- 13
(37 GFR 1.18(6))		Market P	3 .	7	x 8 40	3. 142	- °		
MULTIPLE DEPEN		- 44	⊣ ∝	R 15	·				
" If the difference is	column 1 is less	than zero	order IV in aut		TOTAL	-	4 %	3 1-5	<u> </u>
"If the adherence in column 1 is less than zero, order "0" in column 2. CLAIMS AS AMENDED - PART II						1700	"	TOTAL	
,	-CAING AG A	WENDE	D - PART II	•		4.38	7	• •	
 	(Column 1)		(Cotumn)	2) (Column 3)	SMA	T ENLILA	/ OF	i OTH	IER THAN
Y E	CLAIMS REMAINING AFTER		HIGHEST NUMBER	PRESENT	-		7	SMA	LL ENTITY
O CIT CAST TRING	AMENDMENT		PREVIOUS PAID FOR	LY EXTRA	RATE	TIONAL		RATE	ADD4
Z Independent	96	Minus	23	- 13	1.9	657	-		TIONAL
CO COR LINES	8	Alines	- प	1.0	1	100/	OR	× 8 e	
T PRESENT	TATION OF MULTIP	E DEPEND	ENT CLAIM (31	CR 1.55/m	1 1.547	CM	OR	K3	
		•			TOTAL	1	OR	+3 .	
	(Column 1)				ADO'L FEE	829	OR	TOTAL ADD'L FEE	
0	CLAINS REMAINING		(Column 2)	(Column 3)					
2	AFTER AMENDMENT		NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI-		RATE	ADDI-
Total O grantugg Z independed profittings	NATE HOMEN!	ASTRUE	PAID FOR	1		TIONAL		1	TICHAL FEE
Z Independent	- /		M		X 8 =		ÖR	X 5 =	TEE
∑		-11	11.	14	xs		OR	x s	 -
PACST PHE SENTATION OF MAR TIPLE DEPENDENT CLARK (3) CFR 1.16(11)									
					TOTAL ADD'L FEE			TOTAL	
	(Column 1)		(Calumn 2)	(Column 3)			OR	ADDI FEE	
2	CLAIMS REMAINING		HIGHEST NUMBER	PRESENT					
	AFTER AMERIDMENT	_ '	PREVIOUSLY PAID FOR	EXTRA	RATE	ADDS- TIONAL	I	RATE	ADDI-
Total cront lakes	95	Minus .	96	•		FEE	- 1		TIONAL FEE
Total grown integral of critical and critica	7	Minus *	- Q	-	×8		OR	X3	:
PIRST PRESENTATI	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.10(1))						OR	x s	
			100 (24	. c. (40))	TOTAL		OR L	+ 5 .	.]
" If the entry in colur " If the "Highest Num	nn 1 is less than t	ho entry in	cotumn 2, year	Win onlaws a	ADDIT FEE			TOTAL ADOL FEE	
If the "Highest Num If the "Highest Num	TORY Proviously Pa ther Previously Pa	id For IN	THIS SPACE I	less than 20, end	w "20".		•		

"If the "Highest Number Previously Paid For" IN THIS SPACE is tess than 3, order "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This cotection of information is required by 37 CFR 1.16. The information is required to chical or retain a benefit by the public which is to fite (and by the including pathering, preparing, and submitting the completed application four to the USPTO. These will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for enduring this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. OO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

nce in completing the form, call 1-800-PTO-9199 and setact option 2.